

**South Carolina Department of Social Services
Summer Food Service Program (SFSP)
CHANGE FORM**

		Type of Meal Service	Change In Meal Capacity*					Change In Meal Time			Field Trip Notification		
Site Number	Site Name	Breakfast, lunch, supper or snack	From	To	Shift Feed (Circle One)		DSS Approval Only	Revised Meal Time Begin	End	DSS Approval Only	Date of Trip/ Destination	Will SFSP meals be transported? (Circle One)	
					Yes	No						Yes	No
					Yes	No						Yes	No
					Yes	No						Yes	No
					Yes	No						Yes	No
					Yes	No						Yes	No
					Yes	No						Yes	No
					Yes	No						Yes	No
					Yes	No						Yes	No

* Explain all changes requested that exceed 20 percent of previously approved capacity.

I certify that the above changes are being submitted to SCDSS for approval within the prescribed time frames outlined and that all meals served will meet SFSP meal pattern requirements. A trained site supervisor will be present to ensure that program regulations are observed.

<hr style="border: none; border-top: 1px solid black;"/> Signature and Title of Authorized Representative	SF-	<hr style="border: none; border-top: 1px solid black;"/> Agreement Number	<hr style="border: none; border-top: 1px solid black;"/> Date
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Either fax to (803) 734-9515 or mail to SCDSS, Summer Food Service Program, P.O. Box 1520, Columbia, S.C. 29202-1520.